The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

EXERCISE OVERVIEW-TABLE 1

Exercise Name	Airport Drill-Mass Influx of Trauma Victims
Exercise Date	Start June 26, 2014/End June 26, 2014
	This exercise was a Full-Scale Exercise, planned for June 26, 2014 at the Baton Rouge Airport and included participating Region 2 HEPC/ESF8 members and was limited to exercise parameters.
Scope	' '
Mission Area(s)	Response (Included surge capabilities)
	FEMA Core Capability: Public Health and Medical Services
	Provide lifesaving medical treatment via emergency medical services and related operations and avoid additional disease and
	injury by providing targeted public health and medical support and products to all people in need within the affected area.
	HPP: Capability 3: Emergency Operations Coordination
	HPP: Capability 6: Information Sharing
	HPP: Capability 10 Medical Surge
Core Capabilities	
	C6:Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture
	C6:Function 2: Develop, refine, and sustain redundant, interoperable communication systems
	C10: Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge
	C10: Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS)
	operation
	C10: Function 3: Assist healthcare organizations with surge capacity and capability
Objectives	

Threat or Hazard	Explosion on plane.					
	Following a domestic dispute involving two airline employees, one employee plants a bomb on an airplane in which the					
	second employee is boarding. The bomb goes off while the airplane is on the runway awaiting takeoff. The result is 50					
	passengers with trauma and burn injuries of all levels of severity.					
Scenario						
Sponsor	Baton Rouge Airport					
	Baton Rouge Airport, East Baton Rouge Emergency Medical Services (EMS), Louisiana Emergency Response Network (LERN),					
Participating	Mayor's Office of Homeland Security and Emergency Preparedness (MOHSEP), Office of Public Health (OPH), Region 2					
Organizations	Healthcare Emergency Preparedness Coalition (HEPC) Members (Includes regional Hospitals).					
	Sergeant Robert Stikes – Baton Rouge Airport					
	rstikes@brgov.com 225-978-1587					
Point of Contact	Connie DeLeo - Region 2 Hospital Designated Regional Coordinator (HDRC)					
	Connie.deleo@brgeneral.org 225-572-9658					

GENERAL INFORMATION

ANALYSIS OF CORE CAPABILITIES - TABLE 2

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 2 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objectives	Core Capabilities	Performed w/o Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture	Capability 6: Information Sharing		S		
Function 2: Develop, refine, and sustain redundant, interoperable communication systems	Capability 6: Information Sharing	P			

Objectives	Core Capabilities	Performed w/o Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	Capability 10: Medical Surge	P			
Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operation	Capability 10: Medical Surge		S		
Function 3: Assist healthcare organizations with surge capacity and capability	Capability 10: Medical Surge	P			

Ratings Definitions:

- Performed without Challenges (P): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M): The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U): The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

SUMMARY OF CORE CAPABILITY PERFORMANCE

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.

Each objective and core capability will be listed and aligned with <u>Strengths</u> and <u>Areas for Improvement</u>. If an <u>Area for Improvement</u> is identified, an <u>Improvement Plan</u> will be developed.

Objective 1

Function 1: Provide healthcare situational awareness that contributes to the incident common operating picture

Core Capability 1

Capability 6: Information Sharing

Strengths

The full or partial capability level can be attributed to the following strengths:

• Coordination with the Sponsoring Organization and the participating hospitals through HEPC planning meetings provided information regarding the number of victims each facility would receive.

Areas for Improvement

The following areas require improvement to achieve the full capacity level:

• The victims were triaged at the scene by EMS/First Responders, but due to the number of participants in the drill, the victims were transported by bus instead of emergency vehicles. The normal procedure for notification to hospitals by LERN and/or EMS was not followed. This resulted in hospitals receiving the victims without prior formal notification.

Objective 2

Function 2: Develop, refine, and sustain redundant, interoperable communication systems

Core Capability 2

Capability 6: Information Sharing

Strengths

The full or partial capability level can be attributed to the following strengths:

- Through coordination with First Responders and LERN, hospitals are consistently provided updates and information through the ESF-8 Portal.
- Hospitals are also able to enter bed data and resource availability data into the Portal system for tracking by the Hospital DRC.

Areas for Improvement

The following areas require improvement to achieve the full capacity level:

• No areas for improvement were identified as the objective was met and the core capability was performed without challenges.

Objective 3

Function 1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge

Core Capability 3

Capability 10 Medical Surge

Strengths

The full or partial capability level can be attributed to the following strengths:

• Through Portal, email and phone and text notifications, the hospitals are in constant communication with the Hospital DRC who functions in coordination with MOHSEP and OPH to identify resources as requested by hospitals.

Areas for Improvement

The following areas require improvement to achieve the full capacity level:

• No areas for improvement were identified as the objective was met and the core capability was performed without challenges.

Objective 4

Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operation

Core Capability 4

Capability 10 Medical Surge

Strengths

The full or partial capability level can be attributed to the following strengths:

• Hospital notification is coordinated directly from EMS to the receiving hospital Emergency Departments or via LERN.

Areas for Improvement

The following areas require improvement to achieve the full capacity level:

• The victims were triaged at the scene by EMS/First Responders, but due to the number of participants in the drill, the victims were transported by bus instead of emergency vehicles. The normal procedure for notification to hospitals by LERN and/or EMS was not followed. This resulted in hospitals receiving the victims without prior formal notification.

Objective 5

Function 3: Assist healthcare organizations with surge capacity and capability

Core Capability 5

Capability 10 Medical Surge

Strengths

The full or partial capability level can be attributed to the following strengths:

- Through Portal, email and phone and text notifications, the hospitals are in constant communication with the Hospital DRC who functions in coordination with MOHSEP and OPH to identify resources as requested by hospitals.
- Tier 2 hospitals participated to provide off-load capabilities to Tier 1 hospitals.

Areas for Improvement

The following areas require improvement to achieve the full capacity level:

• No areas for improvement were identified as the objective was met and the core capability was performed without challenges.

IMPROVEMENT PLAN

WHAT (CORE CAPABILITY/ELEMENT) AND AREA FOR IMPROVEMENT	CORRECTIVE ACTIONS TO BE TAKEN	WHO (AGENCY OR PERSONS RESONSIBLE FOR COORDINATING CORRECTIVE ACTIONS	WHEN (TIMELINE FOR START AND COMPLETION OF CORRECITVE ACTIONS)
Objective 1	In all subsequent exercises, EMS/LERN	EMS	Immediately
Function 1/Capability 6	notification to hospital Emergency	LERN	
	Departments will be carried-out according to	Hospital DRC	
	protocol.		
	This function may be simulated depending on		
	the exercise scenario.		
Objective 4	See above.	See above.	See above.
Function 2/Capability 10			